Strategic Context
The service was introduced in response to the development of personal budgets and self-directed support. Adult Care recognised that clients needed more information about care options, as well as support to help them find bespoke services in the community. The service also assists in identifying gaps in the market for care services in Derbyshire, and shares this intelligence with providers to support growth in the sector.

The service is now four years old. Over this time considerable trust has been built up with care managers, and the service has gradually built up an increase in demand and is now operating at full capacity. The service has recently taken stock of its primary focus, value for money, and how effective and efficient it is. One result of this has been the establishment of a memorandum of understanding between the service and the Fieldwork (Social Work) services in the council, setting out its objectives, expectations and levels of service.

Additional staff have been recruited to enable them to follow up to see how arrangements are working before the Social Worker review. This will also enable the service to retain its approach to supporting people with managed accounts and those on direct payments, as well as self-funders, as demand goes up.

Aims of the Service
Brokerage aims to support people to find the services they need, by enabling them to understand what exists in their area and what their options are. It also aims to promote a level playing field for service providers in Derbyshire. This includes:
• Working with individuals to help them to meet agreed outcomes and link to other services to support them.
• Going to the market to get responses and to ensure people’s needs are met – ‘getting it right for individuals’
• Providing advice and information for people who are self funding.
• Getting feedback from the market re. quality and volume of supply
• Giving feedback to fieldwork teams to encourage them to be more imaginative – progress has been made since the service was set up.
• Providing a service that otherwise Social Workers would have to do - but this service protects their time and skills.

How it works
The service is open to all adults (and young people in transition) in Derbyshire - not just those who have been assessed and found to be eligible for social care. It is also used by people who are funding their own care, and is available for anyone in the county who is looking for non-statutory preventive services. The number of “universal offer” and self-funding referrals is growing rapidly.

Referrals.
The service now receives about 150 referrals a week - around 7,000 per annum. This has grown over the years, as shown in the chart below.
Brokerage enquiries – referral rates from 2010 to 2013, by quarter.

The kinds of services people need are shown in the chart below:
Referrals come from a range of sources:

- From social workers/assessors.
- Directly from the call centre, for people who want information only or who are not eligible for council support and do not want assessment. This includes self-funders.
- Direct access to the service on the phone, or through a web form.

The service collects information by the type of service that person is looking for, rather than referral sources. This covers the following categories:

- People with a virtual budget managed by the council
- People with a direct payment that they manage themselves
- Self funders

Contact with customers is primarily on the phone, although there is some contact through e-mail. Occasionally there is a need to use an independent advocate. Recently, the service got engaged with people with a learning disability through a videoconference / webcam.

Brokers have access to the Social Work record where this exists, and they create a new record for new customers without existing contact with the council - which Social Workers will see if the person comes back. There is a workflow map, indicating the case status and current work. This saves having to ask the customer for lots of repeat information.

Service information

The brokers have detailed knowledge of where all providers operate and what they do. When they receive a referral for homecare, for example, they send out an enquiry form to all the
providers in the area where the customer lives, and expect a reply within the working day. When they get these replies they contact the customer the next day with the responses and support customers to make the choice of service they want. Brokers aim to give complete choice to the customers, and the values around choice and control are instilled within the team.

Brokers also use electronic resources to find out what else is going on in the community to support people for example, small community groups such as Stepping Stones, organisations that can support people into work, and voluntary sector services such as the Leonard Cheshire social enabling service for people with physical disabilities. There is a separate Derbyshire directory for social clubs and groups. The service has built up a database to record new services when they come to their attention. Brokers liaise with other local groups to stimulate service developments. There are 50-60 domiciliary care agencies across the county, excluding specialist services, and about 70 non-accredited domiciliary care services. There are about 96 listings for day care (including care homes that offer this) and several hundred VCS groups to access.

The service is currently putting in place a follow-up system to check if people are happy with the service received from the brokers, and a process to follow if somebody has not been satisfied. This is starting with home care customers. They intend to use this information to share with providers to improve quality, and also with contracts officers to support commissioning.

The service aims to provide holistic support to people. However, where they do not have the necessary expertise, they signpost to other relevant agencies - such as housing, community equipment, recruitment of personal assistants, etc.
**Resourcing**
The total service budget is about £250K. It employs 10 full time equivalent brokers, (8 fulltime and 4 part time) as well as the manager. Staff are recruited for transferable skills including relevant experience, values and social care understanding, as well as specific expertise. They are paid a salary that is compatible with the starting point for a social worker.

The team is highly motivated and positive, with many team members having remained in the service from the start. The manager has developed a bespoke staff development programme that is QCF in Health and Social Care by choosing modules relevant to the team roles. There is a team development plan; staff who do not already have a L3 award will work towards the QCF award, and those that do have this will train to be assessors, and assess other team members.

**Key benefits:**

**A more personalised service**
The brokers indicate that they are able to personalise domiciliary support and support more customer choice in the following areas:

- The time the service is delivered, especially for evening calls
- The preference for the skills and attributes of the care worker
- The desire for consistency of carers
- The speed with which they can get a service started

These are areas that people do feel are important to them in receiving care at home, and the team believes that service responsiveness has improved across all sectors as a result of the way they work. They have a lot of unsolicited positive feedback from customers.
Informing commissioning:

- Improving quality across the sector, particularly the in-house service as the manager has been able to feed directly back on a regular monthly basis to them when they have fallen short of the independent sector offer in relation to issues like time of call, carer skills, time of availability etc. This has encouraged the service to be more responsive and has expanded their thinking. The manager also meets with the independent sector providers and feeds issues back to them to improve services. Follow up calls to clients identifies if people are unhappy with services, and clients have the chance to change provider if (for example) their carers are not turning up on time, or their desired outcomes are not being met.

- Providing market intelligence. The manager prepares market management information as required for strategic commissioning - as the service has knowledge of nearly all council-funded care and support arrangements, and some insight from self funders who use the service, and from people who do not meet FACS criteria but still use the service to arrange support. This can highlight gaps in provision, such as the lack of home care support in some very rural parts of the county.

Freeing up social work time

- The brokerage service is able to deal with the high volume of service requests efficiently and effectively, and is considered good value compared to social workers undertaking this work. It is also likely to be providing a high quality service as knowledge and skills are in one place.

Key challenges

Complexity of routes to services

- Virtual budget customers need to use their budget for services that are currently contracted or registered with the council (“accredited services”). Only people with Direct
Payments or self funders can access non-accredited services, even though they may be CQC registered. People with a virtual budget who want to use these services, or employ a personal assistant, can transfer from a virtual budget to a Direct Payment, if they have not already chosen this option, though this can be bureaucratic and takes time.

- A further challenge is that there are some customers, particularly in more rural areas where there may be less service providers to choose from, where an accredited service may not be available for them straight away. Brokers in those cases can assist people to explore all available options to meet their needs, including non-accredited services if they have a Direct Payment. The service also signposts people to user-led organisations that support people to manage and recruit personal assistants, managed bank account providers, and also the Trusted PA register.

**System issues**

- The service is unable to identify accurately the number of self funders / non FACS eligible customers, apart from those who want home care, due to the way they collect data, so they have an incomplete understanding of their whole customer base.
- The Resource Directories are held on database spreadsheets with information in several places, and each broker accesses a wide range of resources.
- There is a bureaucratic process to authorise the budget required for individual service arrangements made by the brokerage team. This is not in itself unusual, but is at odds with the overall efficiency of the brokerage service.

**Capacity**

- The service would like to promote the service more widely to self-funders, using other organisations such as GPs,
housing providers, local outlets, etc, but they are currently holding back on this as they are not sure they could respond to the potential increased demand – this may need to wait until they can offer more self-service to people who only want specific information.

**Learning from this service**

- The solution to some of the challenges has been recognised as possibly being met through a new IT system, and brokerage service requirements have been built into the proposal for a new IT system being procured by the council. The proposal includes a new resource directory, to enable web-based purchasing, allow self-service by customers, self-assessment, and modeling of personal budgets to see what you can buy. Web chat with customers will be possible. The system may also have a citizen portal so that customers can access their records directly. In addition, providers will be able to upload their data about availability and services they offer, rather than relying on the service finding this out. The council hopes to have contracts awarded and the new system fully rolled out in 2 years. This will support the sustainability of the service if people who can self-serve do so, and they focus on those who really need support in arranging their care.

- The staff team is skilled and experienced, with a committed manager and team development plan – the quality of the staff is recognised as integral to the success of the service.

- Despite the data capture issues highlighted above, the service is able to inform commissioning about gaps in services, and drive up quality standards based on what customers want.